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PETERSFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

AND

SANITARY INSPECTOR

for the year

1954

PETERSFIELD.
THWAITES & WATTS, LAVANT STREET.

PETERSFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT
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Medical Officer of Health
AND
Sanitary Inspector
FOR THE YEAR
1954

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THE URBAN DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council (1954-55)

* MRS. A. A. HAYES.

Vice-Chairman

* MR. K. GAMMON.

Members of the Council (1954-55)

* MRS. B. M. WARDLE.	* MRS. R. F. ALFORD.
* MR. F. M. HOUNSOME.	MR. M. R. URQUHART.
MR. H. C. JACOBS.	MR. J. G. VINCE.
MR. G. J. BASSETT.	MR. A. C. GOULDER.
MR. R. H. FIELDER.	MAJOR-GEN. H. T. TOLLEMACHE.

Chairman of the Health Committee

MR. K. GAMMON.

* Members of the Health Committee.

Public Health Officers:

Medical Officer of Health

S. CHALMERS PARRY, M.A., Cantab., M.R.C.S., L.R.C.P., D.P.H.

Sanitary Inspector and Meat and Food Inspector

F. G. BRADLEY, M.S.I.A.

Clerk (part time)

MISS T. SMYTH.

PETERSFIELD URBAN DISTRICT COUNCIL.

TOWN HALL,
PETERSFIELD.

*To the Chairman and Members
of the Petersfield Urban District Council.*

I have the honour to present the Annual Report for the year 1954 on the health and sanitary circumstances of the Urban District of Petersfield.

There was remarkably little infectious disease throughout the year; and, it is satisfactory to report no deaths from this cause.

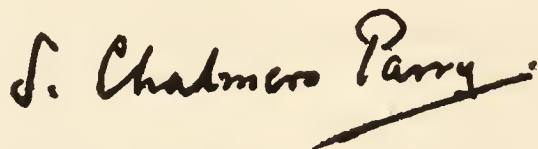
There has been no case of diphtheria for eleven years. A diphtheria immunisation publicity campaign was carried out during the year.

Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection preferably just before going to school.

It is very gratifying to report that, of all the Urban areas in the County, Petersfield showed the highest percentage of babies under one year who were vaccinated in 1954. All concerned in this achievement are to be congratulated.

The Minister of Food has made "Winchester Area," which includes Petersfield, a "Specified Area" in which designated milk only may be sold.

I am grateful to Mr. Bradley for his valuable co-operation and assistance in compiling this Report and also for his help in the administration of the Health Department.



Medical Officer of Health
Petersfield Urban District Council.

STATISTICS OF THE AREA.

Area	2,931 acres.
Rateable Value (31/3/55)	£65,291.
Sum represented by a penny rate (31/3/55) ...	£257 17s. 6d.
" Home " Population *	7,080.
Number of inhabited houses and flats ...	2,245.

* (based on Registrar General's final figures from Census) mid-1954.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district is situated in Eastern Hampshire bordering on West Sussex.

The predominant geographical features are the South Downs, which lie to the south, and the Stoner Hill district which lies to the west.

Petersfield is a Market Town and shopping centre for the surrounding districts.

The district is mainly residential, but there are a few light industries—the principal one being a rubber works.

The open space, known as the Heath, includes a boating lake, cricket ground, tennis courts and golf course.

Playing fields are provided at Love Lane, and a children's playground is situated in Bell Hill.

LEGISLATION.

The following new legislation of Public Health significance came into force during the year under review.

(1) HOUSING REPAIRS AND RENTS ACT, 1954.

This Act came into force on the 30th August.

Local Authorities are required to submit to the Ministry, within one year, proposals for dealing with houses in their district which are unfit for human habitation and are not capable of repair at a reasonable expense.

Section 9 of the Act provides a new and comprehensive means of determining for any of the purposes of the Housing Act, 1936 whether a house is unfit for human habitation.

This new "Standard of Fitness" lays down that regard shall be had to its condition in respect of the following matters:—

1. Repair.
2. Stability
3. Freedom from damp
4. Natural lighting
5. Ventilation
6. Water supply
7. Drainage and sanitary conveniences
8. Facilities for storage, preparation and cooking of food

and the house shall be deemed to be unfit if and only if, it is so far defective in one or more of the above matters that it is not reasonably suitable for occupation in that condition.

Sections 16 and 37 of the Housing Repairs and Rents Act make certain alteration of the provisions of Part II of the Housing Act, 1949 concerning grants for improvements and conversion with the object of encouraging more owners to apply for grants.

Part II of the Act empowers Landlords to increase the rent subject to compliance with certain conditions relating to repairs.

Tenants, aggrieved by a proposed increase in rent, can apply to the Local Authority for a "Certificate of Disrepair" if the house is not in all respects fit for habitation.

(2) THE HOUSING REPAIRS (INCREASE OF RENT) REGULATIONS AND THE RENT RESTRICTION REGULATIONS, 1954.

These regulations prescribe the form of notices required to be completed by the landlord when applying for increases in rent.

- (3) MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREA) NO. 2 ORDER.

This order came into operation on the 1st October. The Petersfield Urban District is included in the "Winchester Area."

It provides that all milk, sold by retail in the area, must be "specially designated milk."

- (4) LIVESTOCK (RESTRICTION ON SLAUGHTER) (AMENDMENT AND REVOCATION) ORDER, 1954.

This order brought to an end Government Control of purchasing and slaughtering of livestock for human consumption. From the 1st July these functions reverted to private enterprise.

- (5) SLAUGHTERHOUSES ACT, 1954.

This Act gives power to the Local Authorities to restrict the licensing of private slaughterhouses.

- (6) THE SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS, 1954.

These regulations deal with the handling of animals in slaughterhouses and lairages.

- (7) THE SLAUGHTER OF ANIMALS (PIGS) ACT, 1953.

This Act came into force on the 1st July, 1954 and prohibits the slaughter of pigs exceeding twelve weeks in age in any place other than a slaughterhouse or knacker's yard unless:—

- (a) It shall be instantaneously slaughtered or shall by stunning be instantaneously rendered insensible to pain until death supervenes.

and

- (b) The slaughter or stunning shall be effected by means of a mechanically operated instrument in proper repair.

- (8) PUBLIC HEALTH (AIRCRAFT) (AMENDMENT) REGULATIONS, 1954.

These regulations extend to the Armed Forces of other countries, exemption from the Public Health (Aircraft) Regulation, 1952.

VITAL STATISTICS.

Births.	1954.			1953.		
	M.	F.	Total.	M.	F.	Total.
Live Births (Legitimate)	49	40	89	44	35	79
(Illegitimate)	1	2	3	3	1	4
			—			—
Total Live Births	...		92			83
			—			—

Live Birth rate per 1,000 of the estimated "Home" population (mid-1954) was 12·9 compared with 15·2 for the whole of England and Wales.

	1954.			1953.		
	M.	F.	Total.	M.	F.	Total.
Still Births (Legitimate)	1	2	3	1	1	2
(Illegitimate)	—	—	—	1	1	2
			—			—
Total Still Births	...		3			4
			—			—

Still Birth rate per 1,000 total (live and still) births was 31·5 compared with 24·0 for the whole of England and Wales.

Deaths.	1954.			1953.		
	M.	F.	Total.	M.	F.	Total.
From all causes	58	43	101	38	43	81

Death rate per 1,000 estimated "Home" population was 14·2 compared with 11·3 for the whole of England and Wales.

Maternal Mortality.

	1954.	1953.
Pregnancy, Childbirth and Abortion ...	1	Nil
From other Puerperal Causes ...	Nil	Nil

Maternal Mortality rate per 1,000 total (live and still) births, 10·5.

Infant Mortality (deaths under one year).

	1954.			1953.		
	M.	F.	Total.	M.	F.	Total.
Legitimate ...	2	1	3	1	1	2
Illegitimate ...	—	—	—	—	—	—
			—			—
Total Infant Deaths	...		3			2
			—			—

Infant Mortality rate per 1,000 live births was 32·6 compared with 25·5 for the whole of England and Wales.

The number of deaths of infants under the age of one year, per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it may then be considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been consistently lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period.

Year.	Petersfield U.D.C.		England and Wales.	
1938	...	32.19	...	55.2
1939	...	33.71	...	55.4
1940	...	35.19	...	53.6
1941	...	30.30	...	52.8
1942	...	31.88	...	52.0
1943	...	34.07	...	50.0
1944	...	34.12	...	46.6
1945	...	34.76	...	45.0
1946	...	36.71	...	42.0
1947	...	32.41	...	39.2
1948	...	26.35	...	35.9
1949	...	19.85	...	33.3
1950	...	11.45	...	30.6
1951	...	10.51	...	29.2
1952	...	14.85	...	28.2

The infant mortality rate for the year under review was 32.6 compared with 25.5 for England and Wales.

The corresponding figure for 1953 was 24.00 compared with 26.8 for England and Wales.

Causes of Death.

	MALE	FEMALE	TOTAL
1. Tuberculosis of Respiratory System ...	1	—	1
2. Other forms of Tuberculosis ...	—	—	—
3. Syphilis ...	—	—	—
4. Diphtheria ..	—	—	—
5. Whooping Cough ...	—	—	—
6. Meningococcal Infections ...	—	—	—
7. Acute Poliomyelitis ...	—	—	—
8. Measles ...	—	—	—
9. Other Infective and Parasitic Diseases ...	—	—	—
10. Malignant Neoplasm, Stomach ...	3	2	5
11. „ „ Lung, Bronchus ...	3	—	3
12. „ „ Breast ...	—	2	2
13. „ „ Uterus ...	—	—	—
14. Other Malignant & Lymphatic Neoplasms	6	4	10
15. Leukæmia, Aleukæmia ...	—	—	—
16. Diabetes ...	—	—	—
17. Vascular Lesions of Nervous System ...	11	4	15
18. Coronary Disease, Angina ...	14	5	19
19. Hypertension with Heart Disease ...	—	—	—
20. Other Heart Disease ..	8	10	18
21. Other Circulatory Disease ...	—	7	7
22. Influenza ...	—	—	—
23. Pneumonia ...	1	—	1
24. Bronchitis ...	—	—	—
25. Other Diseases of Respiratory System ...	1	—	1
26. Ulcer of Stomach and Duodenum ...	—	—	—
27. Gastritis, Enteritis and Diarrhœa ...	—	—	—
28. Nephritis and Nephrosis ...	—	1	1
29. Hyperplasia of Prostate ...	3	—	3
30. Pregnancy, Childbirth, Abortion ...	—	1	1
31. Congenital Malformations ...	—	—	—
32. Other Defined and Ill-defined Diseases ...	5	5	10
33. Motor Vehicle Accidents ...	1	—	1
34. All other Accidents ...	—	2	2
35. Suicide ...	1	—	1
36. Homicide and Operations of War ...	—	—	—
	58	43	101

ANALYSIS OF THE CAUSES OF DEATH ACCORDING TO AGE.

Causes of Death.

Causes of Death.	AGE GROUPS																							
	0-1		1-10		10-20		20-30		30-40		40-50		50-60		60-70		70-80		80-90		90-100		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Tuberculosis	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	
Malignant Neoplasm, Stomach ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	1	-	1	5	
" " Lungs	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	-	3	
" " Breast	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	2	
Other Malignant Neoplasm ...	-	-	-	-	-	-	1	-	-	-	2	-	1	1	1	-	1	2	-	1	-	-	10	
Vascular Lesions of Nervous System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	1	7	3	-	-	15	
Coronary Disease, Angina ...	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	6	2	5	1	1	1	19	
Other Heart Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3	6	4	3	-	-	18	
Other Circulatory Disease ...	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	2	-	1	-	1	7	
Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	
Other Diseases of Respiratory System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	
Nephritis Neoplasm and Nephrosis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	
Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	3	
Pregnancy, childbirth, abortion ...	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
Other defined and ill-defined diseases	1	2	-	-	1	-	-	-	-	-	-	-	-	1	1	-	1	1	1	1	-	-	10	
Motor Accidents	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	
Other Accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2		
Suicide	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	
TOTAL	1	2	-	-	1	1	1	1	1	-	4	1	4	6	9	3	16	16	20	11	1	3	101	

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Ambulance Facilities.

All applications for the use of ambulances should now be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admission Office (Telephone, Winchester 2261).

Hospital Car Service.

The use of this Service may be attained through the Ambulance Officer (Telephone, Fareham 3626).

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to Brigadier H. T. Findlay, Director of the Public Health Laboratory.

Some specimens in connection with cases of infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74785).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples of water, sewage, milk, etc., for chemical analyses are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 5482).

Nursing in the Home.

There are two midwives practising in Petersfield. Miss B. E. Bloomfield, S.C.M., 20 Burnt Ash Cottages, Steep Marsh, Petersfield (Telephone 676) serves Stroud, Sheet and North Petersfield, and Mrs. M. C. Lapper, S.R.N., S.C.M. (Queen's Nurse), 22 Queen's Road, Petersfield (Telephone, Petersfield 628) carries out her duties in South Petersfield.

The Health Visitor, Mrs. C. E. Foster, S.R.N., S.C.M., A.R.San.I., carries out the Public Health work in the district under the direction of the County Medical Officer.

Maternity Cases.

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for the admission of maternity cases.

Applications are generally made to the County Medical Officer who arranges for a home visit by the District Nurse.

Home Help Service.

The office of Mrs. Drake, the assistant organiser of the Home Help Service, is situated at the rear of the Town Hall, Petersfield (Telephone, Petersfield 771, extension 18). The office is open Monday to Friday, 9 a.m. to 1 p.m., and applications for Home Help should be made direct to Mrs. Drake.

Clinics.

The following Clinics are held at the County Council Health Centre, 1 Ramshill, Petersfield.

*Ophthalmic Clinic	By appointment.
*Orthopædic Remedial Clinic..	1st Tuesday mornings and other Tuesday afternoons by appointment.
Child Welfare Centre ...	Wednesday afternoons.
Verminous Cleansing Clinic ...	By special appointment
School Clinic	Friday mornings.
Dental Clinic	By appointment.
Speech Therapy Clinic ...	Thursday afternoons by appointment.

Child Welfare Centre.

The Child Welfare Centre is held every Wednesday afternoon, at County Council Health Centre, Petersfield. It is managed by a Local Committee, and the work of these voluntary helpers, who assist the medical staff, is greatly appreciated.

FAMILY PLANNING ASSOCIATION CLINICS.

Advice on family planning is given at the following clinics, which are run on a voluntary basis, as the Service is not available under the National Health Service.

A lady doctor and sister are in attendance.

AREA	ADDRESS OF CLINIC	DAY	TIME
Cosham ...	Child Welfare Centre, Northern Road ...	Every Wednesday	1.0 - 3.30 p.m.
Eastleigh ...	The Red House, 6 Romsey Road ...	Every Friday ..	2.0 - 4.0 p.m.
Fareham ...	County Council Health Centre, "Flying Angel," off West Street	1st and 3rd Mondays	5.0 - 7.0 p.m.
Portsmouth ...	Trafalgar Place, Clive Road, Fratton ...	Tuesdays ... Fridays ...	1.0 - 3.30 p.m. 7.0 - 9.0 p.m.
Winchester ...	The Hut (adjoining Trafalgar House) Trafalgar Street	2nd and 4th Tuesdays	2.0 - 3.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that a woman should, at her first attendance, take to the Clinic a letter from her own doctor.

*Tuberculosis Clinic.

A Chest Clinic is held at the Queen Alexandra Hospital, Cosham (Telephone, Cosham 79451, extension 58).

Wednesdays 9.45 a.m. Old patients by appointment.
2.0 p.m. New patients.

Thursdays 9.45 a.m. Old patients by appointment.
2.0 p.m. Refills.

One evening session is held on first Thursday in the month by appointment.

Dr. Butterworth, the Chest Physician, is in attendance.

A Clinic is also available at the Health Department, The Castle, Winchester, every Wednesday at 10 a.m. (old patients) and 2.30 p.m. (new patients).

*Venereal Diseases.

Treatment is available at St. Mary's Hospital, Portsmouth.

Males : Tuesdays and Thursdays, 10 a.m. to 7 p.m.

Females : Mondays 5 p.m. to 7 p.m., Wednesdays 2 p.m.,
Fridays 10 a.m.

SCHOOL HEALTH SERVICES.

*Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics :—

Alton. *Surgeon's Clinic*, held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10 a.m.

Havant. *Surgeon's Clinic*, held at County Council Health Centre, on fourth Tuesdays, even months, at 10 a.m.

Minor Clinic, held at County Council Health Centre, on second Wednesday, each month, at 10 a.m.

Remedial Clinic, held at County Council Health Centre, on Wednesdays, all day.

Petersfield. *Remedial Clinic*, held at County Council Health Centre, Ramshill, first Tuesday, at 10 a.m., other Tuesdays at 1.30 p.m.

Orthopaedic cases, requiring remedial treatment, are referred to this Clinic.

***Ophthalmic Clinic.**

This is held for school and pre-school children at the County Council Health Centre, Ramshill, *by appointment*.

***Orthoptic Clinic.**

Cases, selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

***Ear, Nose and Throat Clinics.**

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

School Clinic.

This is held at the County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

The Health Visitor attends every Friday morning till noon ; the Medical Officer is in attendance on the first Friday of the month.

Speech Therapy Clinic.

Cases attend at the County Council Health Centre, Ramshill, Petersfield, on Thursdays at 1.30 p.m., *by appointment*.

Child Guidance Clinic.

Cases are seen, *by appointment*, at County Council Health Centre, Petersfield.

Verminous Cleansing Clinic.

Arrangements can be made for the treatment of special cases by appointment at the County Council Health Centre, Ramshill, Petersfield.

Dental Clinic.

Dental Clinics, when required, are held at the Schools and at the County Council Health Centre, Ramshill.

** These services are the responsibility of the Regional Hospital Board.*

HOSPITALS.

General.

There are four general hospitals available for the admission of patients from Petersfield.

PETERSFIELD GENERAL HOSPITAL.

The Petersfield Hospital (Telephone, Petersfield 19) has twenty-four beds available for medical and surgical cases.

It is administered by the Portsmouth Group Hospital Management Committee.

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.
(Telephone, Portsmouth 2103).

ST. MARY'S HOSPITAL, PORTSMOUTH.
(Telephone, Portsmouth 2476).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.
(Telephone, Winchester 5151).

Heathside Hospital, Petersfield.

This institution, which is under the control of the same Committee as the General Hospital, Petersfield, has been utilised for the care of chronic sick patients since the 1st October, 1949. There are forty beds available.

Infectious Diseases.

Since the closure of the Petersfield Infectious Diseases Hospital, there is no infectious diseases hospital situated in the district.

Any Infectious Diseases Hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 2046), which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute polio-myelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital.

The Bed Admissions Office (Telephone, Winchester 2261) deals with the admission of these patients.

HOUSING.

Provision of New Houses.

During the year twenty-seven traditional type houses and flats were completed by the Council.

In addition, by private enterprise, twenty houses were built, and fifteen houses were built by the Admiralty.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The Food and Drugs (Milk and Dairies) Act, 1944, is the principal Act dealing with milk production and distribution.

The Ministry of Agriculture and Fisheries is responsible for the supervision of milk production on the farms, whilst Local Authorities control milk distributors and retail dairies.

The Milk (Special Designation) Act, 1949, and regulations made thereunder, deal with the issue of licences for the following grades of milk :—

1. Tuberculin Tested.
2. Pasteurised.
3. Sterilised.

1. TUBERCULIN TESTED.

Milk Licences to produce this grade of milk are issued by the Ministry of Agriculture and Fisheries.

Local Authorities may issue "Dealers' Licences" authorising the use of the designation in relation to milk sold in the district.

Six "Dealers' Licences" were issued during the year.

2. PASTEURISED MILK.

The Act places the responsibility on Food and Drugs Authorities for issuing licences to Pasteurise.

The Hampshire County Council, which is the Food and Drugs Authority in this district, delegated its functions under the Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949, to the Councils of County Districts, who will continue the supervision and sampling of Pasteurisation Plants.

Two kinds of Pasteurising Plants are permitted by the regulations : (1) " Holder Type " in which the milk is held at a temperature of 145-150° F. for thirty minutes ; (2) H.T.S.T. plants in which the minimum temperature is 161° F. and the milk is held for fifteen seconds.

Three licences to produce Pasteurised Milk were issued by this Council in 1954. Over ninety per cent of all the milk, sold in the district, is pasteurised. All the milk supplied to schools is pasteurised.

In addition, one " Dealers' Licence " to sell Tuberculin Tested Pasteurised Milk and two " Dealers' Licences " to sell Pasteurised Milk were issued during the year.

3. STERILISED MILK.

The regulations require that milk shall be filtered and clarified, homogenised and heated to and maintained at not less than 212° F. for such a period as to ensure that it will comply with a turbidity test as prescribed in the regulations. There are no plants for the production of this grade of milk in the Urban District.

FOOD HYGIENE.

The increase in food poisoning outbreaks during the past few years has been attributed mainly to the greater amount of communal feeding in the country. For it will be appreciated that, in the home, the consumption of any food, that has been dangerously contaminated, will affect only the family ; whereas in a canteen, restaurant or cafe, hundreds of people may be affected simultaneously.

Apart from the risk of food poisoning, the very thought of eating food with dirty utensils or of eating any food, that has been handled by someone with dirty hands, is most objectionable.

Any food handler, infected with diarrhoea or with septic sores or boils, should not be allowed to handle food. It should constantly be borne in mind by all concerned in the handling, preparation and storage of food—and particularly by those who work in canteens or who serve food to large numbers—that the utmost care must be taken to obviate the risk of food poisoning, which may occur, even in the best equipped of canteens.

A high standard of hygiene is a benefit to food traders, for it attracts business ; whereas a low hygienic standard will obviously have the reverse effect.

Everyone has now become more clean-food minded ; and, if any uncleanness is observed in food premises, the customers generally complain to the management.

This new look in food hygiene is a good thing, as it is of course all in the interest of the general public to encourage safer practices.

The hygiene standard of such shops and restaurants therefore lies to some extent in the hands of the customers.

The washing of hands immediately after using the lavatory is absolutely essential for everybody, for toilet paper is porous ; and, once contaminated, the hands will leave bacteria behind on everything they touch.

Cakes, boiled sweets, cooked food and *vulnerable foods* should be handled by servers and not fingered by the hands, for they are never clean enough to safely handle food of this nature.

In fact, the occupation of those concerned in the preparation and serving of food should be called " food non-handling."

Vulnerable foods—which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream—are normally quite safe when prepared. But they act as ideal breeding grounds for any dangerous germs that gain access ; and, if kept at warm temperatures, the germs will multiply very rapidly.

Made-up meat dishes and other vulnerable foods are easily contaminated and provide a perfect medium for the growth and multiplication of bacteria.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

Many outbreaks of bacterial food poisoning would never have occurred if the incriminated food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

However, it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

The food must be at certain temperature and moisture conditions over a period of time before the food-poisoning organisms will multiply and produce food poisoning.

A high standard of hygiene for food traders is best obtained by observing the following simple rules.

- (1) Protection of food from all sources of contamination (dust and droplet infection as well as from flies, cockroaches, rats and mice).
- (2) Personal cleanliness of " food non-handlers."
- (3) Proper storage and display of food at safe temperature.

Education in Food Hygiene.

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets relating to food hygiene and the control of infectious disease.

In the Chief Medical Officer's last Annual Report (for the year 1953), attention was drawn to the fact that the number of incidents of food poisoning, recorded in 1953, was higher by fifty per cent than in 1952.

In view of the publicity given in the last few years to the need for hygienic practice in the preparation of food, this is disappointing and emphasises the need to keep the importance of food hygiene before the public eye.

The remedy is largely in the hands of those who prepare, cook and serve food ; and, to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared four illustrated coloured posters, which cover the four essentials of a good food handler :—

- (1) " Wash your hands well."
- (2) " Finger food as little as possible."
- (3) " Cover all cuts and sores properly."
- (4) " Cover food against flies."

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

INTERNATIONAL SANITARY REGULATIONS, 1952.

International Travel.

The increasing speed of travel by air and sea introduces an increased risk of importing travel-borne diseases and, without returning to the health control measures enforced in the old Quarantine Acts, it is not possible to provide an absolute barrier to these occurrences.

Since the International Sanitary Regulations, 1952, came into operation, there is no distinction in the health control of air travellers and others, except where travel to and from yellow fever areas is concerned.

International travellers, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health except those for yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Royal South Hants and Southampton Hospital, Fanshaw Street, Southampton.

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

Vaccination.

The National Health Service Act left the question of vaccination entirely to the good sense and discretion of the parents.

It was hoped that the voluntary response would be as successful as in the case of diphtheria immunisation.

Strange as it may seem, however, this has not been the case ; and the vaccination state of the population in Great Britain, which has in the past few years been consistently falling, is now at such a low level as to cause concern.

In England and Wales in 1954, the percentage of infants under the age of one year who were vaccinated was only 34·5. This is far below what may be regarded as satisfactory ; the aim should be to see that every healthy infant is vaccinated—not only because routine infant vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred. The occurrence of outbreaks of imported smallpox from time to time only confirms that the general immunity against this disease is not sufficient to prevent an epidemic.

It is therefore all the more important that primary vaccination should be carried out.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the *first vaccination* is put off until adolescence or later, there may be a very slight risk ; but that is, of course, all the more reason for vaccinating the child in infancy—especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox-infected area.

The ideal time for the first vaccination is during the first six months of infancy—preferably about the fourth month.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination, done at school age, is practically trouble free and this procedure, carried out as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chances of rapid spread of smallpox.

In the Ministry of Health Report for 1952, the Chief Medical Officer states that "the total numbers of school-children re-vaccinated over the whole country suggest that not more than 1 in 25 of the children entering or leaving school, who had been primarily vaccinated in infancy, were re-vaccinated."

For all these reasons, the re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventive measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, one hundred and twenty-five vaccinations against smallpox were carried out. :—

Vaccination.	Pre-School.	School Children.	Over 15 years of age.
Primary ...	72	4	2
Re-vaccination ...	2	12	33
Total .	74	16	35

In this district, the percentage of children under the age of one year, who were vaccinated in 1954, was 76%. This is the highest percentage of all the Urban Districts in the County.

Diphtheria Immunisation.

The following information has been extracted from reports of the Ministry of Health and pamphlets issued by the Central Council for Health Education.

“The incidence and mortality from diphtheria continue to fall.

In the past ten years, the number of cases has fallen from 18,596 to 182 and the number of deaths from 722 to 9. The number of deaths from diphtheria in 1953 was only 23 and now a still lower record (ie. 9 deaths in 1954) has been established.

This is a truly magnificent achievement and the claims made for the value of immunisation have been substantiated.

In a recent epidemic of diphtheria in the Midlands, thirty-eight cases occurred. Of these, three died and none of these had been immunised.

This example emphasises the fact that only if an adequate level of immunisation is maintained can this country be rid of diphtheria altogether.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

If parents leave their children unprotected, there may well be other outbreaks.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case.”

The Ministry of Health recommends that all children should be immunised before their first birthday—preferably at the age of seven or eight months and that they should receive a “booster” or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping-up to maintain its full efficiency. So children should be immunised in the first year of life and have their first " topping-up " before reaching school age.

During the year, a slide was shown at the Savoy Cinema, Petersfield, and leaflets and consent cards were distributed by kind arrangement with the management.

The object of publicity campaigns in the fight against diphtheria is to secure that at least 75 per cent of the babies are immunised before the end of the first year of life.

The figure for the first half of 1954 in England and Wales is estimated to be 35.75 per cent ; while, in this district 58 per cent of the children, born during the year 1953, were immunised before they attained the age of one year.

During the year, two hundred and thirteen immunisations against diphtheria were carried out.

Immunisation.	Pre-school Children.	School Children.
Primary	92	5
Re-inforcing	—	116

Children may be immunised by their own doctors or at the Child Welfare Centre.

The following table gives the annual incidence and mortality from diphtheria since 1939.

	1939	1940	1941	1942	1943	1944	1945	1946
Cases	1	2	1	—	9	—	—	—
Deaths	—	—	—	—	—	—	—	—
	1947	1948	1949	1950	1951	1952	1953	1954
Cases	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—

It is satisfactory to report that there has only been one death from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners was commenced in 1935.

It will also be noted that no case of diphtheria occurred during the past eleven years.

In 1943, the nine cases occurred amongst Portsmouth evacuees at West Mark Camp.

There have been no cases in local children since 1941.

Notifiable Diseases.

Particulars of cases of Infectious Diseases, that occurred during the course of the year, are shown in the following table :—

Diseases.				Total Cases Notified		Total Deaths.	
				M.	F.	M.	F.
Scarlet Fever	...	...	...	1	11	—	—
Diphtheria	...	...	..	—	—	—	—
Puerperal Pyrexia	...	...	...	—	—	—	—
Pneumonia	...	...	...	—	—	—	—
Dysentery	...	...	...	—	—	—	—
Erysipelas	...	...	.	—	—	—	—
Ophthalmia Neonatorum	...	...	...	—	—	—	—
Enteric Fever (including Paratyphoid)	...	...	...	—	—	—	—
Acute Polio-myelitis and Polio-encephalitis	...	...	...	—	—	—	—
Cerebro-spinal Fever	...	...	...	—	—	—	—
Measles	...	...	...	—	1	—	—
Whooping Cough	...	...	...	16	10	—	—
TOTALS	...	...	...	17	12	—	—

An analysis of the total notified cases according to age groups is given below :—

Age Group.	Scarlet Fever.		Measles.		Whooping Cough.	
	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	2	—
1 - 2 years ...	—	—	—	—	2	1
3 - 4 „ ...	—	—	—	1	4	4
5 - 9 „ ...	1	1	—	—	8	4
10 - 14 „ ...	—	—	—	—	—	1
15 - 24 „ ...	—	—	—	—	—	—
25 - 34 „ ...	—	—	—	—	—	—
35 - 44 „ ...	—	—	—	—	—	—
45 - 64 „ ...	—	—	—	—	—	—
65 and over ...	—	—	—	—	—	—

Only certain forms of Pneumonia are notifiable.

No deaths from Infectious Diseases occurred.

Scabies.

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously—whether or not they complain of “The Itch” and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

Pediculosis.

Where necessary, cases of Pediculosis (head lice) may be referred for treatment at the County Council Health Centre, Ramshill, Petersfield, by special appointment.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

TUBERCULOSIS.

Age Period.				New Cases.				Deaths.			
				Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
				M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	...	...		—	—	—	—	—	—	—	—
1 - 5	...	..		—	—	—	—	—	—	—	—
5 - 15	...	..	1	—	—	—	—	—	—	—	—
15 - 25	...	...		—	—	—	—	—	—	—	—
25 - 35	...	...		—	—	—	—	—	—	—	—
35 - 45	...	...		—	—	—	—	—	1	—	—
45 - 55	...	...		—	—	—	—	1	—	—	—
55 - 65	...	...		—	—	—	—	—	—	—	—
65 and over	...	...		—	—	—	—	—	—	—	—
TOTAL				1	—	—	—	1	1	—	—

On 31st December, 1954 the total number of cases on the register was fifty-four.

Report on the Work of the Sanitary Inspector

for the year ended 31st December, 1954.

Water Supply.

The chief source of supply is from two deep boreholes situated at Sheet. This is augmented by spring water from Oakshott.

The two sources of supply were sufficient to meet requirements. These supplies are chlorinated and samples are regularly sent for analysis.

Water Samples.

	<i>Number of Samples.</i>	<i>Highly Satisfactory.</i>	<i>Satisfactory.</i>	<i>Unsatisfactory.</i>
Oakshott ...	46	43	2	1
Borehole ...	20	17	2	1
Mixed ...	12	12	—	—
	—	—	—	—
TOTAL	78	72	4	2
	—	—	—	—

A typical bacteriological report on the water is as follows :—

Petersfield Public Supply.

Number of Colonies	1 day at 37° C	2 days at 37° C	3 days at 20° C
developing on Agar.	0 per ml.	0 per ml.	0 per ml.
Presumptive coli-	<i>Present in.</i>	<i>Absent from.</i>	<i>Probable numbers.</i>
aerogenes reaction	— ml.	100 ml.	0 per ml.
Bact.-coli (Type 1)	— ml.	100 ml.	0 per ml.
Ch. Welchii Reaction	— ml.	100 ml.	0 per ml.

This sample is clear and bright in appearance and conforms to the highest standard of bacterial purity.

These results are indicative of a water which is wholesome in character and suitable for public supply purposes.

(Signed) ROY C. HOATHER,
Counties Public Health Laboratories,
London.

The results of a chemical sample is as follows :—

Lower Oakshott Spring, 1-4-54.

Appearance clear and bright. Hazen less than 5.

Odour nil. Taste normal.

Reaction pH 7.4.

Parts per million.

Total solid residue dried at 180°C	...	...	250
Suspended Solids	...	...	Nil
Ammoniacal Nitrogen	...	...	9.01
Albuminoid Nitrogen	...	...	0.02
Nitrate Nitrogen	...	...	0.2
Nitrite Nitrogen	...	...	0.0
Chlorine present as chloride	...	...	14.0
Oxygen absorbed 4 hrs. at 37°C	...	...	0.09
Hardness	Carbonate (Temporary)	...	205
	Non-Carbonate (Permanent)	...	25
	Total	...	230
Metals—Lead, Copper, Iron, Zinc	...	...	Nil

Observations :

This sample is free from organic pollution and free from any indication of remote oxydised pollution. It is free from metallic contamination

The water is typical of spring water from chalk ; it is hard in character, but not excessively hard. The hardness salts account for the bulk of the dissolved solid matter.

The sample is clear and bright, free from odour and satisfactory in taste.

In my opinion, it is a pure wholesome water suitable for drinking and domestic purposes.

(Signed) A. C. WILLIAMS,
Public Analyst,
City of Portsmouth.

Only four houses in the district are not supplied with a constant supply of water direct from the Council's Main, these houses are supplied by wells.

Drainage and Sewerage.

A new sewage pumping station has been constructed at Sheet to deal with a new private housing estate east of Pulens Lane.

Closet Accomodation.

With few execeptions, the pails of the houses, that are not connected to the public sewer, are emptied twice a week by the Southern Counties Cleansing Service.

Public Cleansing.

The Council is responsible for the cleansing of all the roads in the district.

Refuse collection is carried out weekly at Petersfield and Sheet, and fortnightly at Stroud.

These services are the responsibility of the Surveyor's Department.

Shops.

Shops are inspected for compliance with the Shops' Act, especially where changes are made. No cases of infringement were found.

Eradication of Bed Bugs.

No case of infestation by bed bugs was reported.

Camping Sites.

Regular inspections were made of all licensed sites. These are all reasonably well kept.

The site in the Causeway, which has been approved by the Caravan Club of Great Britain, is now licensed for 50 caravans.

A central block of sanitary conveniences has now been constructed, together with wash basins and showers.

Water is freely available over the site with a tap to nearly every caravan.

Rodent Control.

Work on this was maintained throughout the year and block control was carried out. No new major infestations were found.

A 10 per cent test of the sewers was carried out in August, followed by a maintenance treatment of a small section which was found to be slightly infested by rats.

1. PREVALENCE OF RATS AND MICE.

TYPE OF PROPERTY.	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)						
								Total.	Number of properties in Local Authority's Area.	Analysis of Column iv.			
											In which infestation was	Number infested by	
												Notified by Occupier.	Otherwise discovered.	Recorded total of (ii) and (iii)	Rats.	Mice only.
					Major.	Minor.							
Local Authority's Property (not including houses) ...	14	...	6	6	1	5	...						
Dwelling Houses ...	2097	108	10	118	...	117	1						
*Business Houses ...	...	10	...	10	...	10	...					
Agricultural Property ...	...	7	...	7	...	7	...					
TOTAL ...	2111	125	16	141	1	139	1						

* Includes Combined Dwelling and Business Premises occupied by the same person.

2. MEASURE OF CONTROL BY LOCAL AUTHORITY.

TYPE OF PROPERTY.	No. of properties inspected.	No. of inspections made.	Number of notices served under Section 4.		Number of treatments carried out.				Block treatments of properties in different occupancies under Section 6 (1) or by informal arrangement.			
					By arrangement with occupier.		Under Section 5 (1).					
			Treatments.	Works.	Rats.	Mice only.	Rats.	Mice only.	Number of blocks.	Surface.	Associated sewers.	
Local Authority's Property	13	77	...	...	14	...	...	...	...	77
Dwelling House ...	334	464	...	...	91	1	...	8	38	...
Business Premises ...	69	110	...	...	10	..	...	...	...	...
Agricultural Property ...	10	27	...	...	7	...	...	...	...	...
TOTAL ..	446	678	...	...	122	1	...	8	38	77

General Inspection of the Area.

Total number of visits made (including food inspections)...	2850
Number of complaints received and dealt with	153

Visits and Inspections.

Bakehouses	...	...	...	...	10
Butchers and Fishmongers	...	...	...	...	222
Cafés	...	...	...	...	43
Camping Sites	...	...	...	...	12
Common Lodging House	...	...	...	...	4
Dairies (including Sampling)	...	...	...	...	170
Drainage (including Drain Testing)	...	...	...	...	70
Factories	...	...	...	...	53
Food Preparing Premises	...	...	...	...	25
Fried Fish Shops	...	...	...	...	6
Grocers and Confectioners	...	...	...	...	52
Greengrocers	...	...	...	...	15
Housing (Public Health and Housing Act)	...	...	...	...	232
Hotels	...	...	...	...	10
Hawkers	...	...	...	...	15
Ice Cream (re sale of)	...	...	...	...	20
Infectious Disease	...	...	...	...	14
Market	...	...	...	...	134
Miscellaneous	...	...	...	...	80
New Buildings	...	...	...	...	31
Meat Inspection (Grange Slaughterhouse)	...	...	...	...	558
Privies and Cesspools	...	...	...	...	16
Refuse Dumps re Flies and Rodent Control	...	...	...	...	39
Rodent Control	...	...	...	...	678
Sewage Works re Rodent Control	...	...	...	...	26
Schools	...	...	...	...	12
Shops (Shops Act)	...	...	...	...	60
Water Supply (including sampling)	...	...	...	...	243

**Summary of Work carried out under
Public Health and Housing Act.**

1. Inspection of dwelling-houses during the year—
 - (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 180
 - (b) Number of inspections made for the purpose 232
 - (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 156
 - (b) Number of inspections made for the purpose ... 202
 - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 6
 - (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation 125
2. Remedy of defects during the year without service of formal notices—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 13
3. Action under Statutory Powers during the year—
 - (a) Proceeding under Sections 9, 10 and 16 of the Housing Act, 1936—
 - (1) Number of dwelling-houses in respect of which Notices were served requiring repairs Nil
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices—
 - (a) By owners Nil
 - (b) By Local Authority in default of owners Nil
4. Overcrowding—

One case of overcrowding was found during the year.

Housing.

The Housing (Rent and Repairs) Act came into force in September.

A survey of the district is being carried out, more particularly of the poorer type of houses with a small rent.

At the end of the year 180 houses had been inspected, most of which had defects to which the owner's attention has been drawn. In many houses little repair work has been done for many years.

Most of the houses inspected are repairable at reasonable expense, but many are likely to become unfit for habitation in the next few years, unless a great deal of work is done to them, for example many houses have roofs which do not at the moment allow penetration of the weather, but they will require extensive repairs very soon.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

The Food and Drugs Act, 1944, which came into force on the 1st October, 1949, places the responsibility for the supervision of the retail dairies and distributors on Local Authorities.

Under the Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949, the licensing of Pasteurising plants is the responsibility of Food and Drugs Authorities. The Hampshire County Council have delegated their functions under these regulations to the Councils of County Districts.

There are three pasteurising plants in the district, but in March one producer ceased to use his plant and is now purchasing his milk wholesale.

The sample results indicate that the plants were efficiently operated throughout the year, there being only one sample which failed the prescribed tests, and this sample was only just above the required reading in the Phosphatase Test.

The one High Temperature Short Time Pasteurisation Plant in the district has now operated for over six years with a record of no unsatisfactory samples since it was first installed.

Regular samples were again taken to check the sterilisation of milk bottles, the results in the early part of the year were not up to standard, but a careful check on methods and samples taken of the detergent rinse, have now resulted in practically all the samples being satisfactory.

DETAILS OF MILK PRODUCERS AND DEALERS.

Number of—

Retail Purveyors	...	...	...	6
Wholesale Dealers	...	...	...	1
Licensed Retailers of Tuberculin Tested Milk	...	...	...	6
Licensed Producers of Pasteurised Milk	...	...	...	3
Licensed Retailers of Pasteurised Milk	...	...	...	6
Inspections made of Dairies	...	...	...	44

DETAILS OF SAMPLING.

Visits re sampling	...	...	...	126
	No. of Samples.	Satisfactory.	Failed Methylene Blue Test.	Failed Phosphatase Test.
Pasteurised Milk	106	105	—	1
T.T. Pasteurised	3	3	—	—
Tuberculin Tested	5	4	1	—

MILK BOTTLES.

<i>No. of Samples.</i>	<i>Satisfactory.</i>	<i>Fairly Satisfactory.</i>	<i>Unsatisfactory.</i>
178	90	49	59

DETERGENT RINSE WATER.

<i>No. of Samples.</i>	<i>Satisfactory.</i>	<i>Unsatisfactory.</i>
5	3	2

Meat and other Foods.

(a) MEAT INSPECTION.

The Government slaughter-house at the Grange was in use until the end of June, when meat was decontrolled.

On July 1st the premises were taken over by the Petersfield Wholesale Meat Co. Ltd., who in addition to selling wholesale, provide facilities for the slaughtering of animals bought by butchers.

The Company sell meat to a large area of Eastern Hampshire, including Portsmouth, Southampton, Winchester, Aldershot, Farnham, Guildford and Haslemere, as well as in the immediate neighbourhood of Petersfield.

The time necessary for meat inspection will be just as much as under Government control.

Inspection outside office hours is likely to be increased as slaughtering is now taking place every Sunday, as well as on several evenings each week.

One hundred per cent inspection of all carcasses and offals is being continued, and is very necessary as meat is sent to so many other districts.

CYSTICERCUS BOVIS.

Systematic inspection for this disease was again carried out throughout the year; in each case, the internal and external masseter muscles of the head, the pillars of the diaphragm and the heart muscles were incised. This inspection is particularly important, as infected meat may give rise to the Tapeworm *Tænia Saginata* in humans.

The number of cases discovered, twelve, was considerably less than in previous years, this is mainly due to the fact that under the new arrangement more cattle are purchased locally.

The head, tongue and heart were condemned in every case, the remainder of the offal and the carcase are sent for cold storage for twenty-one days at 16° F. This freezing kills any cysts which may be in the carcase. After release from cold storage, the carcase is used for manufacturing purposes.

Details of cases found are as follows :—

Cases discovered	...	...	12
Percentage of animals killed		...	0·27
Type of animal—			
Steer	...	...	11
Heifer	...	...	1
Primary Cyst discovered—			
Head	...	...	7
Heart	...	...	5

DISTOMATOSIS (FLUKE DISEASE).

Details are as follows—

Whole livers condemned	...	...	508
Part livers condemned	...	...	322
		<i>Total</i>	830
Weight	...	...	8,438 lbs.
Percentage of total inspected		...	18·81

DETAILS OF INSPECTIONS	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3516	895	1050	6365	2402
Number inspected	3516	895	1050	6365	2402
<i>All diseases except Tuberculosis—</i>					
Whole carcasses condemned ...	3	11	14	10	10
Carcasses of which some part or organ was condemned ...	499	197	25	356	58
Percentage of the number inspected affected with disease other than Tuberculosis	14.22	22.01	3.77	5.75	2.87
<i>Tuberculosis only—</i>					
Whole carcasses condemned ...	10	5	...	...	...
Carcasses of which some part or organ was condemned ...	233	219	...	...	25
Percentage of the number inspected affected with Tuberculosis ...	6.91	25.02	...	...	1.48

Diseases in Food Animals—Cattle.

DISEASES.	Whole carcasses and all offal		Hind Quarters		Fore Quarters		Other part carcasses		Livers		Part Livers		Lungs		Heads and Tongues		Hearts		Spleens		Skirts		Tripes		Guts		Udders		
	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	
Abscesses	...	-	-	-	-	-	-	-	144	2316	-	-	10	104	-	-	-	-	-	-	-	-	10	210	-	-	-	-	
Actinomycosis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	10	320	-	-	-	-	-	-	-	-	-	-	-	-	
Angioma	...	-	-	-	-	-	-	-	44	616	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bruising	...	-	3	453	-	-	6	517	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
General Carcinoma	1	462	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cysticercus Bovis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	371	12	80	-	-	-	-	-	-	-	-	-	-	
Distomatosis	...	-	-	-	-	-	-	-	508	7118	322	1320	8	86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Emaciation (Pathological)	...	3	1484	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Fevered	...	6	3336	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hydated Cysts	...	-	-	-	-	-	-	-	10	142	-	-	10	104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mastitis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40	765	-	
Other Diseases	...	-	-	-	-	-	-	-	-	-	-	-	-	-	4	24	6	12	-	-	-	-	-	6	179	-	-	-	
Pleurisy	...	-	-	-	-	-	-	-	-	-	-	-	10	105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Septicaemia	...	4	2451	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis	...	15	10131	-	-	12	1518	16	2011	42	570	-	-	121	1310	219	6367	6	30	10	25	12	30	29	580	10	302	10	267
TOTAL	...	29	17864	3	453	12	1518	22	2528	748	10762	322	1320	159	1709	241	7058	22	134	16	37	12	30	39	790	16	481	50	1032

Diseases in Food Animals.

DISEASES.	CALVES						SHEEP						PIGS					
	Carcases			Heads			Carcases			Part Carcases			Carcases			Part Carcases		
	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	Intest-ines
Abscesses	2	14	.	.	.	.	1	13	3	18	.	280	4	62	.	.
Bruising
Distomatosis
Dropsy
Fevered	...	1	93	.	.	.	1	39	.	.	.	.	3	420	.	.	.	.
Immature	...	1	26	.	.	.	6	419	.	.	.	.	2	312	.	.	.	.
Inflammation	1	8	.	.	.	.	.	.	.	.	.	.	9	37
Jaundice	...	3	158	.	.	.	.	.	.	.	.	.	1	96	.	.	.	.
Joint Ill	...	5	213	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pleurisy	1	8	.	.	.	.	.	.	.	.	.	5	37	.
Septicaemia	...	4	241	.	.	.	1	75	.	.	.	.	1	252	.	.	.	.
Tuberculosis	6	80	.	.
Enteritis
Emaciation	2	57	.	.	.	.	1	166	.	.	.	.
Erysipelas	1	214	.	.	.	.
TOTAL	...	14	731	2	14	16	10	590	1	13	3	18	352	1740	10	142	5	37

(b) OTHER FOODS.

A reasonable standard of cleanliness was maintained in food shops generally, but still many small points in the handling of food can be improved.

Circulars were again sent out in the spring to all premises concerned with the handling of food, again reminding them of the dangers of food poisoning, pointing out the dangerous foods and urging great care in the handling of food.

Food Premises.

Number.

Butchers and Food Preparing Premises (Registered Section 14 Food and Drugs Act, 1938) ...					5
Grocers	...	...	...	...	16
Greengrocers	...	...	...	...	6
Fishmongers	...	...	...	...	3
Confectioners and Sweets	...	...	...	...	23
Food Hawkers	...	...	...	...	3
Cafés ...	...	...	...	...	13
Hotels serving meals	...	...	...	...	10
School Canteens	...	...	...	...	4
Factory Canteens	...	...	...	...	1
Bakehouses	...	...	...	...	2
Fried Fish Shops	...	...	...	...	2
Slaughter-house	...	...	...	...	1
Dairies ...	...	...	...	...	7
Ice Cream (Registered Premises, Section 14)—					
Sale of	...	...	...	...	16
Manufacture	...	...	...	...	Nil

The following foodstuffs were voluntarily surrendered and condemned :—

1 Hind Quarter	(Bone Taint)	...	...	215 lbs.
4 Rounds Beef	(Bone Taint)	...	...	354 lbs.
1 Silverside	(Abscess)	...	...	11 lbs.
1 Pig's Head	(Abscess)	...	...	7 lbs.

Pressed Beef	(Mouldy)	...	...	28 lbs.
Polonies	(Decomposed)		...	10 lbs.
Sausages	(Decomposed)		...	9 lbs.
Fish	(Decomposed)		...	42 lbs.
Prawns	(Decomposed)		...	7½ lbs.
Dried Fruit	(Mouldy)	...	...	28 lbs.
Cheese	(Mouldy)	...	...	15 lbs.
30 Tins Fruit	(Blown)	...	...	—
40 Tins Soup	(Blown)	...	...	—
14 Tins Meat	(Blown)	...	...	—
7 Tins Vegetables	(Blown)	...	...	—
6 Tins Milk	(Blown)	...	...	—

Adulterations.

The law relating to the composition of food and drugs is administered by the County Council. The Food and Drugs Act, 1938, places restrictions on the addition of other substances to any food or drug. It also controls the abstraction from food of any of its constituents. Probably the most important section in Part 1 of the Act is Section 3, which relates to the sale of food and drugs which are not of the nature, substance or quality demanded by the purchaser. Most of the prosecutions which arise are in respect of offences under this section.

I am indebted to Mr. C. O. Perry, Chief Inspector under the Food and Drugs (Adulteration) Act, for the information that thirty samples were taken in the district during the year.

Details of these are as follows :—

Fats	...	...	...	1
Drugs	...	...	...	2
Milk	...	...	...	27
Meat Products	...	...	...	2
Spirits	...	...	...	2
Other Foodstuffs	...	...	...	3
				—
				37
				—

All the samples proved to be satisfactory, and the twenty milk samples contained an average of 3·78% of milk fat and 8·76% of non-fatty solids.

FACTORIES ACT, 1937.

Part 1 of the Act.

1. **Inspections** for the purpose as to health.

PREMISES.	Number on Register.	Inspections.	Number of written Notices.
(1) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	15	9	...
(2) Factories not included in (i) in which Section 7 is enforced by the Local Authority	42	44	...
(3) Other Premises in which Section 7 is enforced by the Local Auth- ority ... ..	...	...	...
TOTALS	55	53	...

Cases in which **Defects** were found.

	<i>Found.</i>	<i>Remedied.</i>
Want of Cleanliness	—	—
Sanitary Conveniences unsuitable or defective	—	—
Not separate for sexes	—	—

Mr. S. H. Carter is H.M. Inspector of Factories for the Portsmouth District, which includes the Petersfield Urban District. His address is 9 Western Parade, Southsea.

